



PART 1. Proposal to Request Clinton/Jackson Early Childhood Iowa Fur

COVER PAGE

CONTACT INFORMATION

Program Name:

Address:

Contact Person:

Phone:

E-mail:

Federal Tax ID #:

Fiscal Person Contact Name and E-mail:

Amount of Funding Requested (whole dollars only):

ASSURANCES: This signature attests that:

- a. Services will impact children 0 thru age 5 in Clinton and Jackson Counties.
- b. If awarded funds then my agency will annually provide to the Clinton/Jackson ECI office proof of agency's financial review or audit conducted by an external qualified entity.
- c. If selected for funding then a Certificate of Insurance listing Clinton/Jackson Early Childhood Iowa Board as a Certificate Holder, or proof of self-insurance if a governmental entity, will be submitted with the signed ECI contract.
- d. Applicant is currently registered to do business in Iowa.
- e. The ECI funding requested is not being used to supplant an existing funding source for the services in this proposal.

Signature of Authorized Agency Representative: _____

Printed Name: _____

Date of Submittal: _____

Enclosed:

1. Part 1: Cover Page etc
2. Part 2: Narrative re: a Board Priority
3. Budget

DO NOT ALTER THE FORMAT OF THE NARRATIVE. FOLLOW THE OUTLINE.

Applicants will complete this form which is Part 1. Each applicant will then ALSO complete a Part 2 Narrative for their specific Board Priority.

Section I. Overview

5 Points

1. What is the Purpose of the proposed program? Answer that by thoughtfully re-writing the statement below and filling in the underlined items with your own words.

Purpose Statement: The purpose of the proposed Program is to provide (services or activities) for (specify for whom) in order to achieve/support (this desired outcome/benefit).

2. **Briefly** (a few sentences) describe the proposed services.

3. Identify how you assessed the community need for your proposed service.

Section II. Scope

5 Points

1. Specify the implementation timeline of when the primary services/activities will be available to clients.

2. Identify by address the site(s) where the services will be provided.

3. Share the plans to market the proposed services to the community.

Section III. Community Connections

5 Points

1. Describe the primary method of referral, and sources of referrals, to the proposed service/activity.

2. Describe, don't just list, the collaborative community partnerships that directly support this program, as applicable.

3. How does the program assist clients with connections to basic needs, services and/or supports in the community?

4. Carefully and fully identify if there are other local entities that provide a comparable service. If there are comparable local services then describe how your proposed service/activity will complement that service and also how your program differs from their service.

Section IV. Fiscal**5 Points**

- Be sure to complete and submit the Clinton/Jackson ECI Budget Form too!

1. Has the applicant received funding in the past from Clinton/Jackson ECI Board? If yes then specify the \$ amount and in what fiscal year.
2. List the amount of funding you are requesting for FY 17 from the Clinton/Jackson ECI Board.
3. If your FY 17 request to ECI exceeds your FY16 ECI award then explain the reason.
4. List the source of the required 15% Local Match (cash or in-kind.)
5. What % of the total Program (not agency) budget will be funded by Clinton/Jackson ECI?
6. The Clinton/Jackson ECI Board encourages programs to diversify their funding sources. Describe your programs efforts/plans to identify other funding sources to co-fund these services in the future (*e.g. grants, fundraisers, sliding fee scale, insurance*).
7. What would be the impact on the program if the grant award is less than the requested amount? Describe the scalability of your program.
8. Provide a brief description of the major expense in each of the Budget Categories.

Section V. Clinton/Jackson Early Childhood Iowa Board Priority

Below is the Board Priorities that are to be addressed with Clinton/Jackson County ECI funds. The Board acknowledges that other early childhood needs exist but this is the one they have the capacity to impact with their continued flat funding allocation.

ECI Funding Applicant Instructions

Review the Board Priority, Definition and Strategies listed below. Assess which one Priority your proposed program can best impact. **Mark Box next to the one Priority (✓ or X).**

Priority 1. Provide Affordable, Accessible Quality Early Learning Environments for At-Risk Children	
<i>Quality Early Learning Environment Requirement: Programs with Iowa Quality Rating System level of 3, 4 or 5, or are NAEYC or NAFCC accredited, and Iowa Quality Preschool Program Standards verified or meet Head Start standards.</i>	
Strategies:	
Increase the availability of quality early learning environments that offer Evening or Weekend care to working families.	
Support access to quality early learning environments that provide Infant care.	
Reduce barriers to children fully participating in affordable, quality early learning environments.	

NEXT STEP: Application is not complete. Applicant will now complete Part 2 which is a separate Narrative for the one (1) Priority you elected above.